

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7769</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Ray</u> <u>D</u> <u>Reasons II</u> P.O. Box, Bldg., Room No., if any Street <u>29 Spencer Trail</u> City <u>St. Peters</u> State <u>Missouri</u> ZIP Code + 4 <u>63376</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' AFL-CIO LU #36</u> Labor Organization File Number <u>035-367</u> P.O. Box, Building and Room Number, if any Street <u>301 S Ewing</u> City <u>St. Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63103</u>
5. Position in labor organization. <u>General Fund Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ray Reason</u>	On <u>08/10/2005</u> Date	<u>(636) 441-2138</u> Telephone Number

Name of Person Filing Ray Reasons II	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name St. Louis Sheet Metal Joint Apprnetice Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 3033 Spruce Street</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63103</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Negotiation & Representation of Apprnetice School Contract with Employers.</p>
	<p>11.b. Approximate dollar value of such dealing. _____</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Attendance at Apprentice Completion Dinner at \$42 per person.</p>
	<p>12.b. Amount. \$42</p>

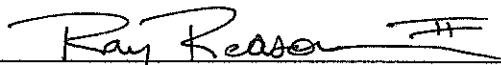
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

U.S. Department of Labor
200 Constitution Ave.
Washington, D.C. 20210

Re: Ray Reasons
2004 Form LM-30

Dear Sir or Madam:

Please accept the filing of the enclosed 2004 Form LM-30. The information contained in the enclosed LM-30 report is based on my best effort to make a good- faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report



Ray Reasons